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** CONTINUING DATA *****				
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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature: _____ Initials: _____		STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 31	TOTAL CLAIMS 21 INDEPENDENT CLAIMS 1
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